

# MONTANA LEGALLY CERTIFIED PROVIDER APPLICATION

## FAMILY ASSOCIATION FORM

This form is to be used to associate the family that the LCP will be providing care to.

<b>CCR&amp;R LCP STAFF ONLY</b>	
<b>PROVIDER ID</b>	
<b>PROVIDER NAME</b>	
<b>CERTIFICATION</b>	
<b>BEGIN DATE</b>	<b>END DATE</b>
<b>CCR&amp;R DATE STAMP</b>	
<b>LCP WORKER NAME</b>	

### 1. PROVIDER INFORMATION

This is the Legally Certified Provider who will be providing care for the family that is receiving child care assistance and who is listed below in #2.

PROVIDER NAME				PV#	
LAST NAME		FIRST NAME		MIDDLE NAME	
ADDRESS (physical)					
CITY		STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		OTHER PHONE	
<b>TANF:</b> Are you included in the Parent's TANF Financial grant? <input type="checkbox"/> Yes <input type="checkbox"/> No					

### 2. FAMILY INFORMATION

This is the family who care is being provided to and who is receiving child care assistance

HEAD OF HOUSEHOLD NAME (Last, First, Middle)				CASE # / CASE EVENT #	
ADDRESS (physical)					
CITY		STATE	ZIP	COUNTY	
TRIBAL RESERVATION					
<b>NAME OF CHILDREN IN CARE (First, Middle Last )</b>				<b>DATE OF BIRTH</b>	<b>RELATIONSHIP TO LCP/LCI</b>

Workers Initials \_\_\_\_\_ Date \_\_\_\_\_

## HEALTH AND SAFETY CHECKLIST

Health and Safety issues should be considered when arranging for child care. Here are some topics a parent and child care provider may want to discuss. For more information regarding quality child care, contact your local Child Care Resource and Referral agency.

**No corporal punishment may be inflicted.**

YES	NO	<u>PLEASE ANSWER ALL QUESTIONS by Initialing either YES OR NO</u>
		Do parents have access to their children at all times?
		Is the provider in good health?
		Is the provider trained about basic health and safety issues?
		Is the provider knowledgeable about child development issues?
		Does the provider wash hands thoroughly, before and after diapering?
		Does the provider wash hands thoroughly, before preparing food?
		Has the provider received guidelines on how to "child-proof" the home?
		Does the provider talk easily with the children and respond to their needs?
		Does the emotional climate foster happiness and trust?
		Does the provider offer learning opportunities to the children?
		Are children's immunizations current?
		Are emergency telephone numbers and parent telephone numbers posted?
		Is the provider trained in First Aid and CPR?
		Does the provider have an emergency medical authorization form signed by the parent?
		Is a first aid kit available?
		Are meals and snacks nutritious?
		Is there a quiet comfortable place for naps?
		Is the play equipment safe?
		Is the home clean?
		Are the children exposed to smoking?
		Are hazards inaccessible to children, inside and out?
		Are electrical outlets covered?
		Are heaters ventilated and screened?
		Are poisonous substances out of reach of children?
		Are smoke detectors in place and operational?
		Is a fire extinguisher available?
		Are firearms locked and inaccessible?
		Are appropriate automobile restraints, such as car seats, used?

**By signing below, I state that I have read, discussed and understand the above information.**

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider

\_\_\_\_\_  
Date

**State payment is dependent upon the both the parent's eligibility for child care assistance and the caregivers approval as an LCP Provider. Payments are not associated with start of care.**

Workers Initials \_\_\_\_\_ Date \_\_\_\_\_